MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5449 63-021667 STATE FILE NUMBER

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Bellefontaine Nbs,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 11405 Bellefontaine Ch.RD.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Joseph Middle Benedict Last Haring
4. DATE OF DEATH: Month Day Year: 5/20/63
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/20/97
9. AGE (last birthday): 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10b. KIND OF BUSINESS OR INDUSTRY: Legal
11. BIRTHPLACE (City and state or country): Terre Haute Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Anthony Haring
13b. MOTHER'S MAIDEN NAME: Gertrude Schoemaker
14. NAME OF HUSBAND OR WIFE: Julia Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi...): Yes
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Julia Haring 11405 Bellefontaine Ch.Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis
DUE TO (c): Arterio Sclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951 to 5/20/63 and last saw her him alive on 5/19/63
Death occurred at 7:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Knomer. M.D.
22b. ADDRESS: 1755 S. Grand.
22c. DATE SIGNED: 5/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/24/63
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: MAY 22 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1
2 4001 4200
3
4 0
5 1
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7 1
8 2
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12 63-0
13

63

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.